Fill in	this information to identify your case:					irected in this form and	d in Form
Debto	zina Sanders		123	2A-1Su	pp:		
Debto (Spouse	r 2 e, if filing)			■ 1. T	nere is no pres	umption of abuse	
United	States Bankruptcy Court for the: District of Marylan	d		а	pplies will be m	o determine if a presu nade under <i>Chapter 7</i> icial Form 122A-2).	•
Case (if know	numbern)			□ 3. TI	ne Means Test	does not apply now be service but it could a	
				☐ Che	eck if this is a	n amended filing	•
Offic	cial Form 122A - 1						
Cha	pter 7 Statement of Your Cur	rent Moi	nthly Inc	omo	е		12/19
attach a case nu qualifyi Part 1	•	which the addition m a presumption otion from Presur	nal information a of abuse becau	applies. Ise you	On the top of ar	ny additional pages, wri narily consumer debts o	te your name and or because of
l _	Vhat is your marital and filing status? Check one or -	nly.					
_	Not married. Fill out Column A, lines 2-11.						
_	☐ Married and your spouse is filing with you. Fill ou			2-11.			
L	☐ Married and your spouse is NOT filing with you.	_	_	l	A and D. lines (2.44	
	☐ Living in the same household and are not lega	•			•		
	Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated	d under nonbar	kruptcy	law that applie	es or that you and you	
101 the	in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m6 months, add the income for all 6 months and divide the total uses own the same rental property, put the income from that p	onth period would by 6. Fill in the re	l be March 1 thro sult. Do not inclu	ugh Aug de any ir	ust 31. If the amo	ount of your monthly incor ore than once. For examp	ne varied during ble, if both
				Colum Debto		Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).				3,884.56	\$	
	Alimony and maintenance payments. Do not include payments from a spouse if			0.00	\$		
f a	All amounts from any source which are regularly part of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Include regular contributions from a sp	Include regular d, your depende	r contributions nts, parents,	Φ.	0.00		
	illed in. Do not include payments you listed on line 3. Net income from operating a business, profession,	ar farm		\$	0.00	\$	
) 5. r	Net income from operating a business, profession,		otor 1				
	Gross receipts (before all deductions)	\$ 0.00					
İ	Ordinary and necessary operating expenses	-\$ 0.00					
1	Net monthly income from a business, profession, or far	m \$ 0.00	Copy here ->	\$	0.00	\$	
6. N	let income from rental and other real property						
			otor 1				
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
	Ordinary and necessary operating expenses		Copy here ->	\$	0.00	\$	
	Net monthly income from rental or other real property	\$	20pj 11010 ->	\$	0.00	\$	
7. I	nterest, dividends, and royalties			Ψ	5.55		

Debtor	Zina Sanders			Case num	ber (<i>if known</i>)			
				Column / Debtor 1		Column B Debtor 2 o non-filing		
8.	Unemployment compensation			\$	0.00	\$		
	Do not enter the amount if you contend that the amount he Social Security Act. Instead, list it here:		ınder					
	For you \$	0.00	-					
ο Ι	For your spouse \$ Pension or retirement income. Do not include any am	ount received that was a	-					
 	penefit under the Social Security Act. Also, except as so not include any compensation, pension, pay, annuity, o United States Government in connection with a disabilit disability, or death of a member of the uniformed servic pay paid under chapter 61 of title 10, then include that p does not exceed the amount of retired pay to which you f retired under any provision of title 10 other than chapt	tated in the next sentence r allowance paid by the ry, combat-related injury of es. If you received any re pay only to the extent that I would otherwise be entit	e, do or etired t it	\$_	0.00	\$		
	ncome from all other sources not listed above. Spon on the include any benefits received under the Social Speceived as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, any United States Government in connection with a disability disability, or death of a member of the uniformed services ources on a separate page and put the total below.	Security Act; payments nanity, or international or nuity, or allowance paid by y, combat-related injury o	y the					
	·		_	\$	0.00	\$		
			-	\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
Part 2	•						Total incom	current monthly le
	Calculate your current monthly income for the year. 12a. Copy your total current monthly income from line 1			Co	ppy line 11 h	nere=>	\$	3,884.56
	Multiply by 12 (the number of months in a year)						X	
	12b. The result is your annual income for this part of the	e form				12b	· \$	46,614.72
13.	Calculate the median family income that applies to	you. Follow these steps:						
ı	Fill in the state in which you live.	MD						
I	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size Fo find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link spec			arate instruc	13. tions	\$	80,002.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. O Go to Part 3. Do NOT fill out or file Official		k box	1, There i	s no presum	ption of abus	e.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.		he pre	esumption	of abuse is	determined b	y Form 1	22A-2.
Part :								
	By signing here, I declare under penalty of perjury	that the information on th	nis sta	atement an	nd in any atta	achments is t	rue and c	correct.
	X /s/ Zina Sanders							
	Zina Sanders							
	Signature of Debtor 1							

Case 23-14571 Doc 5 Filed 06/29/23 Page 3 of 4

Debtor 1	Zina Sanders	Case number (if known)	
Da	te June 29, 2023		
	MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

Debtor 1 Zina Sanders Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2022 to 05/31/2023.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Amazon

Income by Month:

6 Months Ago:	12/2022	\$4,534.00
5 Months Ago:	01/2023	\$4,651.46
4 Months Ago:	02/2023	\$2,391.32
3 Months Ago:	03/2023	\$3,755.79
2 Months Ago:	04/2023	\$4,145.76
Last Month:	05/2023	\$3,829.02
	Average per month:	\$3,884.56